Dusty L. Humes, Ph.D.

2201 San Pedro NE, Building 4-102, Albuquerque, NM 87110

Personal Information

Name of Client:
Today's Date:
Date of Birth:
Age:
Marital Status:

Address:

Contact Info: Primary Phone:	Email:
Secondary Phone:	Cell:

Preferred Mode of Contact: Home Phone: ___ Cell Phone: ___ Email: ___
Emergency Contact:

Primary Care Physician:
Psychiatrist:

Past Mental Health Treatment:	Provider	Dates of Treatment
Describe Past Treatment Experiences: Reason for discontinuing treatment: What was helpful? What did not help?		

Current Problems:

Describe reason for seeking evaluation or treatment:

PHONE	FAX	EMAIL
512.917.3126	505.884.3230	dustyhumesphd@gmail.com

Current Medications: Past Medications:	Prescriber:

Other Relevant Information: (Recent life changes or stresses; past critical events, etc.)

Client's Goals for Treatment:

Will you want an invoice to send into your insurance company?